

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>AW</i>	<i>67814</i>	<i>7/16/00</i>
O.I.P.E. CLASSIFIER	<i>AW</i>	<i>110976</i>	<i>7/18/00</i>
FORMALITY REVIEW	<i>AW</i>		<i>8-21-00</i>
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	1	11/1/00	
2	3	11/1/00	
3	4	11/1/00	
4	5	11/1/00	
5	6	11/1/00	
6	7	11/1/00	
7	8	11/1/00	
8	9	11/1/00	
9	10	11/1/00	
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43	44	11/1/00	
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47	48	11/1/00	
48	49	11/1/00	
49	50	11/1/00	

Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
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